N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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FUNERAL DIRECTOR LICENSE # 10A GRAND FOR ASED! ADDRESS 20. FILED (ADDRESS) (SIGNED) (ADDRESS) (ADDRESS) (ADDRESS) (ADDRESS)		LICE	NEE NO. 18	A I	M	NATURE OF INJURY	·····	
ADDRESS 20. FILED ADDRESS (ADDRESS) (ADDRESS) (ADDRESS) (ADDRESS) (ADDRESS)	1	(SIGN	ATURE	July			JRY IN ANY WAY RELATED TO	OCCUPATION OF
20. FILED (SIGNED) TO STORE M. D. REGISTRAR (ADDRESS) STOUR, AMOUNTAIN			9130,# -	10A LA	J 40 X	37	<i>'mu</i>	
20. FILED (ADDRESS) Sloul, amoria.	ADDRESS		WALE,	Ariga		7	Co Harris	
REGISTRAL (ADDICES)	20. FILED_	· ·	290-3	Trepe	Mary C.	.1		
	101				REGISTRAR			

MARGIN RESERVED FOR BINDING